



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2341

1. Title of Project: Clay Schools Behavioral Health Pilot Program

2. Senate Sponsor: Travis Hutson

3. Date of Submission: 03/04/2019

4. Project/Program Description:

Boston Children's Hospital, in partnership with CareDox and Clay County Public Schools, will develop and deploy a pilot program for behavioral health protocols and school directed educational materials to standardize the school based screening, provision of care, and intervention for students with mental illness such as depression and anxiety.

5. State Agency to receive requested funds : Department of Children and Families

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	750,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020		100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. \$750,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Outlining services required	750,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		750,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Boston Children's Hospital, in partnership with CareDox and Clay County Public Schools, will develop and deploy a pilot program for behavioral health protocols and school directed educational materials to standardize the school based screening, provision of care, and intervention for students with mental illness such as depression and anxiety.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Students will receive school based screening, provision of care, and intervention for students with mental illness such as depression and anxiety.

c. What are the direct services to be provided to citizens by the appropriations project?

Students will receive mental health screenings, provision of care, and intervention. Teachers will be trained to identify mental health issues and provide intervention.

d. Who is the target population served by this project? How many individuals are expected to be served?

Students in Clay County Public Schools. This is a pilot program that could impact over 20,000 students in the first year and be scaled in future years.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

This pilot program is being developed in conjunction with Boston Children's Hospital as a model to help Florida Public Schools screen, identify, and treat significant behavioral health issues in public school students. The pilot program will evaluate increases and decreases in outcomes such as attendance, psychiatric referrals, family communications, etc.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?



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Withhold funding.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Addison Davis
- b. **Organization:** Clay County Public Schools
- c. **E-mail Address:** addison.davis@myoneclay.net
- d. **Phone Number:** (904)336-6500

14. Recipient Contact Information:

- a. **Organization:** Clay County Public Schools
- b. **County:** Clay
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Addison Davis
- e. **E-mail Address:** addison.davis@myoneclay.net
- f. **Phone Number:** (904)336-6500

15. Lobbyist Contact Information

- a. **Name:** Stephanie Grutman Zauder
- b. **Firm Name:** Ballard Partners
- c. **E-mail Address:** stephanie@ballardfl.com
- d. **Phone Number:** (954)817-8007